

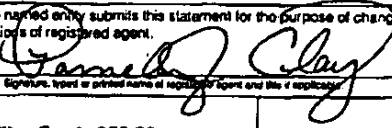
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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2005 SEP 20 P 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000014772			
1. Entity Name PAM CLAY REPAIRS AND PAINTING SERVICE LLC Robert + Pam Clay Repairs + Painting Svc., LLC			
Principal Place of Business 909 GORDON AVENUE PENSACOLA, FL 32507 US		Mailing Address 909 GORDON AVENUE PENSACOLA, FL 32507 US	
2. Principal Place of Business 10666 Silver Creek Dr		3. Mailing Address 10666 Silver Creek Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State PENSACOLA, FL 32507	
Zip 32507		Zip 32507	
Country US		Country US	
4. FEI Number 20-7654191		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CLAY, PAM 909 GORDON AVENUE PENSACOLA, FL 32507		7. Name and Address of New Registered Agent Name Clay, Pam Street Address (P.O. Box Number is Not Acceptable) 10666 Silver Creek Dr. City PENSACOLA, FL Zip Code 32507	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4-30-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLAY, PAM 909 GORDON AVENUE PENSACOLA, FL 32507 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Clay, Pam 10666 Silver Creek Dr Pensacola, FL 32506 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Clay, Robert 909 Gordon Ave Pensacola, FL 32507 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Clay, Pam Please add. 10666 Silver Creek Dr. PENSACOLA, FL 32506 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	n/c amend was filed. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OK to file AR ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	deleted dissolution ☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 4-30-05 / 3930156 (850)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	